

# Policy Change in Behavioral Health Care & Addiction Treatment Facilities

## Tobacco-free Policies

Secondhand smoke poses serious health risks for everyone who is exposed to it. As more communities and workplaces become smoke-free, tobacco companies push smokeless products that are also addictive and cause health problems. State and local regulations and an overall shift in the social norm of tobacco use are spurring hospitals and other organizations to implement comprehensive tobacco-free campus and grounds policies that prohibit the use of all tobacco products and protect employees, consumers, and visitors from the harmful effects of secondhand smoke exposure.

There is growing evidence that strong tobacco-free policies and smoke-free air laws may increase quit attempts, quitting, and treatment use. When a comprehensive tobacco-free policy is implemented and enforced, employees and consumers who use tobacco are encouraged to quit.

A 2006 study compared state psychiatric hospitals that permit smoking to those that have comprehensive tobacco-free policies in place, and found that facilities that permitted smoking reported significantly more tobacco-related incidents of seclusion, restraint, coercion, and threats among patients. In addition, these facilities that were not tobacco-free reported up to three times as many tobacco-related health issues among patients.

## Campus Policies and Treatment Integration Go Hand in Hand

Evidence-based tobacco dependence treatment programs are effective for clients with mental illnesses and/or substance use disorders (MI/SUD).

Mental health and addictions providers are well equipped to integrate tobacco dependence treatment into whole-person care, because they already have the advanced training in treatment of behavioral and substance use disorders that can be easily applied to tobacco dependence.

It is crucial that the *implementation* of tobacco-free campus policies be coupled with the *integration* of tobacco treatment into client care. The two efforts will minimize staff and client resistance to tobacco-free policies, improve compliance rates, and help with relapse prevention efforts for both tobacco and other addictive drugs.

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## **National Movement**

A position statement on tobacco policy and treatment in state operated psychiatric hospitals was issued by the National Association of State Mental Health Program Directors (NASMHPD) and approved by membership in July 2006.

[http://www.nasmhpd.org/general\\_files/position\\_statement/Smoking%20Position%20Statement.pdf](http://www.nasmhpd.org/general_files/position_statement/Smoking%20Position%20Statement.pdf)

New Jersey was the first state to require that all residential addiction treatment programs assess and treat patients for tobacco dependence and maintain tobacco-free facilities, including grounds. An evaluation of this policy change found that tobacco dependence treatment can be successfully integrated into residential substance abuse treatment programs through policy regulation, training, and the provision of nicotine replacement therapy.

The New York State Office on Alcohol and Substance Abuse Services (OASAS) introduced regulations governing certification of addiction treatment services, which requires programs to incorporate nicotine addiction in addiction services treatment plans for all nicotine addicted persons receiving alcohol or other drug addiction care; these landmark requirements became effective in mid-2008.

<http://www.oasas.state.ny.us/tobacco/index.cfm>

The American Society of Addictions Medicine (ASAM) has issued a public policy statement on Nicotine Addiction and Tobacco (Revised Oct, 2008). The statement calls on all states to introduce similar regulations as New York. <http://www.asam.org/NicotineAddictionandTobacco.html>

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